

The Silent Killer: Inhalant Abuse

By Maxim W. Furek, MA, CAC

Adam Brown was only 13 years old when he was found dead in his bedroom with posters of Backstreet Boys and Britney Spears smiling down on him. His cold, lifeless body was curled in an angry fetal position. The stone-faced coroner ruled the death “an accident caused by asphyxia.”

Adam’s room was quietly innocent. There were no pictures of the controversial Goth figure Marilyn Manson or Rob Zombie, and no warning signs. This unfortunate eighth grader’s bedroom, once a refuge of security, had become his tomb.

A plastic bag was wrapped around his head and chemical fumes were still trapped inside. Adam’s shocked parents ripped the transparent death mask from his face. A deadly combination of oxygen deprivation and cardiac arrest left the boy’s face a deep blue. Why did this bright 13-year-old youngster, with so much potential and such loving, nurturing parents decide to risk his life with such a senseless experiment? The authorities cautioned that Adam’s death, though not easily explained, “may have been directly or indirectly related to the abuse of butane fumes.” A suspicious metal container was found nearby.

Dying to huff

Adam was a victim of huffing, the practice of inhaling chemical fumes into the lungs. Huffing is widespread with adolescents ages 12 to 17 and, according to the Partnership for a Drug-Free America, one child in five, in grades 7 through 12, has tried sniffing fumes of legal household goods (National Inhalant Prevention Coalition (NIPC), 2001). Most of the abusers are in the 12-14 age group (Cersonsky, 2000). Since 1975, Monitoring the Future has documented a lifetime incidence of inhalant abuse with high school seniors as high as 15 to 20 percent (NIDA, 1994). It is a vice that plagues predominantly white children, followed by Hispanic, and comparatively few African-American children.

Cindi Bookout, executive director for the Alliance for Consumer Education states, “one of the greatest concerns voiced by parents, teachers, and community leaders is that of inhalant abuse. ... In the past

decade it has nearly doubled. According to the American Association of Pediatrics, almost 21 percent of all eighth graders have tried some form of inhalants. Among 12 year olds, inhalants are the most frequently used illicit substance. We have a large educational void to fill before children reach junior high school. Kids as young as eight or nine should be taught the dangers of inhalants. Education is the best prevention” (Bookout, 2001).

Huffing is one of the most dangerous drug experiments children will ever try, it literally cuts off and poisons the brain’s oxygen supply. The brain is starved of oxygen while substances containing glue-like chemicals can literally seal out the transfer of oxygen to the bloodstream (D’Angelo, 2001). High concentrations of inhalants can cause immediate suffocation by displacing oxygen in the lungs. In addition, the sedating effects of the inhaled substances can cause the heart and lungs to stop working as the central nervous system becomes depressed (Boston University Medical Center, 1996).

Long-term damage may include memory and/or hearing loss, spasms, and bone marrow damage. Chronic abuse of certain products containing toluene can produce severe damage to the liver, kidneys, and brain (Lajis, 1996). Repeated sniffing can cause permanent damage to the nervous system, as well as weight loss, fatigue, electrolyte imbalance, and muscle fatigue (Boston University Medical Center, 1996).

The morning after huffing, some kids may experience a severe headache and a metallic aftertaste. However, for others the end result is death. According to the National Inhalant Prevention Coalition, over 700 inhalant-related deaths have been reported since July 1996. This only reflects direct reports to the NIPC and since there is no official inhalant death registry, the actual number of deaths may be higher (NIPC, 2001).

The nature of the beast

Huffing is deadly in several ways. Sudden Sniffing Death Syndrome (SSDS), first identified in 1970, is the most common cause of death from inhalant abuse (NIDA, 1994). When SSDS occurs, hydrocarbons found in inhalants cause the myocardium, the muscular wall of the heart, to become extremely sensitive to the hormone epinephrine. Any shock, such as being discovered huffing by a parent/teacher, or any moment of excitement, could produce a fatal cardiac arrhythmia. The child is essentially scared to death.

Huffing is done either individually or in ritualistic groups. Fumes are

inhaled into the lungs, forcing toxic chemicals to enter the bloodstream. The vapors are rapidly distributed to the organs with a large blood circulation, such as the brain and liver (Lajis, 1996). Chemical fumes easily penetrate the protective blood/brain barrier causing dizziness, confusion, visual distortions, and nausea. It is this brief high and altered state of consciousness that young huffers greedily seek.

Why do they huff?

Given the fact that huffing is a reckless and dangerous practice, why then do so many children huff? There are several explanations for this dangerous behavior:

1. Many are unaware of the dangers and perceive huffing to be safe. Because there are no official statistics, it is impossible to determine just how widespread the problem of inhalant abuse is in the U.S. "These items can be deadly," said Edward Jurith of the White House Office of National Drug Control Policy. "When kids sniff or huff, they are inhaling poisons that can do real damage, or even immediately kill them."
2. Peer pressure, or perceived peer pressure, contributes to the practice of huffing. A nationwide survey by the American Academy of Pediatrics found that 34 percent of children between 13-15 years old are aware that their friends are huffing. Nearly six in ten children (59 percent) are 12 years old or younger when they first realize that their friends are using inhalants (Pollock et al., 1999).
3. Inhalants are cheap, accessible, and almost impossible to monitor or maintain complete control over. Household products that are abused by huffers are volatile, readily available, convenient, inexpensive, and capable of producing a pleasurable sensory experience rapidly (Pollock et al., 1999). As of the year 2000, approximately 2.1 million youths ages 12 to 17 had used inhalants at some time in their lives. The Partnership for a Drug-Free America and U.S. Consumer Safety Commission reports that over 90 percent of parents surveyed did not believe their child would use inhalants (NIPC, 2001).
4. For curious thrill-seekers, huffing has become, over the decades, an acceptable behavior. The incidence of nitrous oxide or "laughing gas" is common at all-night dance parties known as "raves." Paint parties using

spray paint, nitrous oxide, and butane were to the 1990s what pot parties were to the 1970s (Trebilcock, 1993). By March 2001, as many as 12 million Americans were reportedly huffing (Join Together Online Direct, 2001).

The new gateway

The question that looms in the minds of many is does inhalant abuse lead to other drug use? The information is mixed. Dr. Robert DuPont, drug czar under President Richard Nixon, was the first to alert us to “gateway drugs,” which he believed led to more progressive and dangerous substances. That was in 1970, over three decades ago, and today the debate still rages. Do these drugs actually lead to stronger substances or are they merely a rite of passage?

So-called “gateway drugs” include alcohol, tobacco, and a sundry list of chemicals known as inhalants and solvents. Gateway drugs serve as almost essential precursors to the use of other drugs, may lead to the adoption of a drug-using lifestyle, and serve as social and psychological precursors to the use of other substances (Indiana Prevention Resource Center, 1995).

Since withdrawal symptoms may occur, there is evidence that inhalant abuse can lead to abuse of other substances (NIDA, 1994). Tolerance is likely to develop from most inhalants when they are used regularly (Boston University Medical Center, 1996), and statistically those children who abuse inhalants are more likely to use other illicit drugs.

The incidence of gateway substances should be recognized as an indicator of serious problems requiring immediate attention and resolution. It is often the initial “red flag” that should alert parents and counselors.

Symptoms of abuse

Because huffing is so secretive and easily concealed it has been called “the silent epidemic.” Parents, educators, and counselors need to be aware of the telltale symptoms of inhalant abuse. These include the odor of a foreign substance on the breath, chemical smells on clothing, paint or stains on clothing, and sores or a rash around the mouth or nose. Behavioral signs to look for may include an intoxicated appearance, chronic cough, visual disturbances, hallucinations, severe headaches, and convulsions (Staten, 1996).

Chronic, heavy inhalant abusers can also be identified by their poor hygiene and grooming, episodes of intoxication, weight loss from decreased caloric intake, and the conspicuous odor of the inhalant (American Academy of Pediatrics, 1996).

Solutions

Although there is much work that needs to be done in the area of prevention, counselors and educators are beginning to develop a long-term strategy to deal with the problem of inhalant abuse. These collective efforts may soon be bearing fruit with good news on the frontlines.

Among youth aged 12 to 13, the rate of past month illicit drug use declined from 3.9 percent in 1999 to 3.0 percent in 2000 – this dramatic change was due to a significant drop in inhalant use from 1.3 to 0.7 percent (Bookout, 2001). Hopefully this signals a positive trend among the youth group most vulnerable to inhalant abuse and a new front in the prevention of substance abuse. For counselors dealing with potential huffers, the following are helpful suggestions:

1. Prevention cannot begin early enough. A progressive, school-based inhalant abuse strategy should be implemented in kindergarten and throughout elementary school (American Academy of Pediatrics, 1996). Parents need to be actively involved in their children's personal "war on drugs." Counselors should encourage parents to explain the short-term and long-term health dangers of inhalant abuse to their young children (Pollock et al., 1999).
2. A collaborative approach by parents, teachers, and counselors is necessary as a basic first step towards prevention. Academic institutions must get involved. Drug abuse can be prevented when adults help children set goals for themselves, learn how to boost their self-confidence and self-image, and resist peer pressure (Cersonsky, 2000).
3. The after-school hours of 3 to 6 p.m. (or, in some cases, 8 p.m.) are the most dangerous hours for children to be home alone. This is the time when many unsupervised adolescents experiment with drugs, alcohol, and sex. According to the Office of National Drug Control Policy, huffing most often occurs after school (23 percent using). Other studies indicate that children are using inhalants on the weekends (14 percent), in class (13 percent), before school (12 percent), and at night (12 percent)

(Pollock et al., 1999). Community groups need to be developed via school, parent, church, or institutions such as the YMCA, to provide after-school programs during these hours.

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